EUC Claim

CLAIMANT'S NAME	IDENTIFICATION NUMBER	CHECK DIGIT

	BYE	PROCESS DATE	LWP	BALANCE	WBA	EXT	BATCH	PR

State of Washington - Employment Security Department
UNEMPLOYMENT INSURANCE CLAIM FORM

OFFICE USE ONLY

ADDR CHANGE?____ LATE?____

IMPORTANT INSTRUCTIONS: Print your name and social security number above. We cannot process your claim without it.

Return this weekly claim form to:

> **EUC Unit**
> **P.O. Box 9046**
> **Olympia, WA 98507-9046**

IMPORTANT: If your name, address or telephone number is incorrect, please show corrections here.

Name _____

Address _____

Address _____

City _____ State _____ Zip _____

Phone No. Area Code (_____)

ANSWER ALL QUESTIONS BELOW

I am claiming unemployment benefits for the calendar week(s) ending midnight Saturday. **THE DATES ARE:** ☞

	FIRST WEEK		SECOND WEEK	
	YES	NO	YES	NO
1. Were you physically able and available for work each day? (If No, complete "A" below.)	❑	❑	❑	❑
2. Did you make an active search for work as directed and record your contacts on a Job Search Log? (If No, complete "A" below.)	❑	❑	❑	❑
3. Did you refuse any offer of work or fail to go for a scheduled job interview? (If Yes, complete "A" below.)	❑	❑	❑	❑
4. Have you applied for or did you receive workers or crime victim's compensation?	❑	❑	❑	❑
5. Have you applied for or did you have a change in a pension? (If Yes, complete "B" below.)	❑	❑	❑	❑
6. Did you receive holiday pay? (If Yes, enter gross amount of pay before deductions and complete "C" below.)	❑ $_____	❑	❑ $_____	❑
7. Did you receive vacation pay? (If Yes, enter gross amount of pay before deductions and complete "D" below.)	❑ $_____	❑	❑ $_____	❑
8. Did you receive pay in lieu of notice or termination pay? (If Yes, enter gross amount of pay before deductions and complete "E" below.	❑ $_____	❑	❑ $_____	❑
9. Did you work? (If Yes, complete "F" below.)	❑	❑	❑	❑

A If you answered **"NO"** to questions **1** or **2**, or **"YES"** to question **3**, tell us why. Give details. (Were you sick, on vacation, returned to work, was the job too far away?) GIVE EXACT DATES. Explain WHERE (such as job location or location of school); WHO was involved (name of person who interviewed you, name of doctor, name of school). If you have other information you believe is important, please explain or attach the other information.

Explanation: _____

B If you answered **"YES"** to question **5**, please provide the following information about your pension.
Pension source? _____; Is it: ❑ a new pension? **or** ❑ a change in an existing pension?
New or changed monthly amount before deductions is $_____; Effective date of this new or changed pension is _____

C If you answered **"YES"** to question **6**, be sure you show the gross amount of the holiday pay before deductions. For what holiday(s) were you paid? _____; Payment source? _____; Hours paid for?_____

D If you answered **"YES"** to question **7,** be sure you show the gross amount of pay before deductions. The vacation pay was for: ❑ a cash-out of prior time earned, or ❑ certain specific dates (If for specific dates, what dates and hours?_____); Payment source?_____

E If you answered **"YES"** to question **8,** be sure you show the gross amount of pay before deductions. What type of pay?_____
For what date(s)? _____; Reason for pay? _____; Payment source? _____

F If you answered **"YES"** to question **9**, please provide the **HOURS** and **EARNINGS** information for each employer you worked for.

1. Employer's Name: _____ Address: _____
City: _____ State: _____ Zip: _____ Type of Work: _____

NUMBER OF HOURS WORKED EACH DAY

FIRST WEEK							TOTAL HOURS	GROSS EARNINGS	SECOND WEEK							TOTAL HOURS	GROSS EARNINGS
SU	MO	TU	WE	TH	FR	SA			SU	MO	TU	WE	TH	FR	SA		

If not scheduled to work after week(s) claimed, check reason why:
1 ❑ QUIT; 2 ❑ FIRED; 5 ❑ LACK OF WORK;
9 ❑ LACK OF WORK, HOURS REDUCED;
❑ OTHER _____

1. Employer's Name: _____ Address: _____
City: _____ State: _____ Zip: _____ Type of Work: _____

NUMBER OF HOURS WORKED EACH DAY

FIRST WEEK							TOTAL HOURS	GROSS EARNINGS	SECOND WEEK							TOTAL HOURS	GROSS EARNINGS
SU	MO	TU	WE	TH	FR	SA			SU	MO	TU	WE	TH	FR	SA		

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9 ❑ LACK OF WORK, HOURS REDUCED;
❑ OTHER _____

– PLEASE READ CERTIFICATION STATEMENT AND SIGN HERE BEFORE TURNING IN YOUR CLAIM FORM –

I certify that all information I provided on this form is correct. I know the law imposes penalties for false statements made on this claim.

✍ _____
CLAIMANT'S SIGNATURE

EMS 5325 (Rev. 4/08) CC 7540-032-167